

Filing Fee - \$250.00
Amendment Fee - \$250.00
Renewal Fee - \$250.00
Dishonored Check - \$15.00 Fee
Plus Interest Charge

State of Hawaii
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
1010 Richards Street
Mailing Address: P.O. Box 40, Honolulu, HI 9681 0

APPLICATION FOR FILING OF FRANCHISE OFFERING CIRCULAR:

_____ Initial Registration

_____ Renewal Registration

_____ Amendment

1. Name of Franchisor (or subfranchisor): _____

Name under which the Franchisor is doing or intends to do business: _____

Name of any parent or affiliated company that will engage in business transactions with Franchisees: _____

2. Franchisor's principal business address: _____

Name and address of Franchisor's agent in the State of Hawaii authorized to receive process: _____

3. State the business form of the Franchisor, whether corporate, partnership, or otherwise. (If corporate, date of organization and State of incorporation): _____

4. Name, address and telephone number of person to whom communications regarding this application should be directed: _____

5. Exhibits required by the application are attached hereto and made a part hereof.

(Name of Applicant)

By _____
(Signature)

Title _____

_____ } ss.

_____ being first duly sworn on oath deposes and says that he/she
is the _____ of _____
_____ the applicant named in the foregoing application-, that he/she
is authorized to make this verification for and on behalf of said _____

_____, that he/she has read the application and all the
exhibits, statements and documents attached thereto-, that the information contained in the application, exhibits, statements and
documents is true to the best of his/her information, knowledge and belief.

Subscribed and sworn to before me this
_____ day of _____, 19____

(Signature of Applicant)

Notary Public, State of _____
My commission expires: _____

(NOTARIAL SEAL)